

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>FEMC-128434658</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Federated Life Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>G-1006 ED. 5-12</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Group Conversion App</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Filing at a Glance

Company: Federated Life Insurance Company

Product Name: Group Conversion App

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: FEMC-128434658 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num:

Co Tr Num: G-1006 ED. 5-12

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Carolyn Kanne

Disposition Date: 06/11/2012

Date Submitted: 06/06/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/11/2012

State Status Changed: 06/11/2012

Deemer Date:

Created By: Carolyn Kanne

Submitted By: Carolyn Kanne

Corresponding Filing Tracking Number:

Filing Description:

June 6, 2012

Mr. Dan Honey

Compliance – Life & Health

Department of Insurance

1200 West Third St.

Little Rock, AR 72201-1904

SERFF Tracking Number: FEMC-128434658 State: Arkansas
Filing Company: Federated Life Insurance Company State Tracking Number:
Company Tracking Number: G-1006 ED. 5-12
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Conversion App
Project Name/Number: /

Individual Life Filing:
G-1006 Ed. 5-12 Group Life Conversion Application

Dear Mr. Honey:

Attached is the above listed form, submitted for your review and approval. This form replaces form G-1006 Ed. 6-94, previously approved by your department on 1/20/1995.

This form will be used by insureds under our group life policies to convert their group coverage to an individual policy.

Form G-1006 Ed. 5-12 has been printed in 10-point type with language to comply with readability regulations of various states. The Flesch Scale analysis readability score for this form is 50.3 when scored in conjunction with the policy.

We reserve the right to alter the format of the form submitted and attached without refiling due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. Any changes to wording or content would be filed and approved prior to use.

We respectfully request your review and approval of this form for use in Arkansas.

Sincerely,

Carolyn Kanne, FLMI, ACS, AIRC
Compliance Analyst
(800) 533-0472, ext. 5214
Email: crkanne@fedins.com
Federated Life Insurance Company
NAIC #007-63258
State Narrative:

Company and Contact

Filing Contact Information

Carolyn Kanne, Compliance Analyst
121 East Park Square

PO Box 328
Owatonna, MN 55060

crkanne@fedins.com
800-533-0472 [Phone] 455-5214
[Ext]
507-444-4840 [FAX]

SERFF Tracking Number: FEMC-128434658 State: Arkansas
Filing Company: Federated Life Insurance Company State Tracking Number:
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TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Group Conversion App
Project Name/Number: /

Filing Company Information

| | | |
|----------------------------------|-------------------------|------------------------------|
| Federated Life Insurance Company | CoCode: 63258 | State of Domicile: Minnesota |
| 121 East Park Square | Group Code: 7 | Company Type: |
| PO Box 328 | Group Name: | State ID Number: |
| Owatonna, MN 55060 | FEIN Number: 41-6022443 | |
| (800) 533-0472 ext. [Phone] | | |

Filing Fees

| | |
|------------------|--|
| Fee Required? | Yes |
| Fee Amount: | \$125.00 |
| Retaliatory? | Yes |
| Fee Explanation: | State of domicile charges \$125 per submission |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| Federated Life Insurance Company | \$125.00 | 06/06/2012 | 59718793 |

| | | | |
|--------------------------|----------------------------------|------------------------|----------------------|
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| Filing Company: | Federated Life Insurance Company | State Tracking Number: | |
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| TOI: | L08 Life - Other | Sub-TOI: | L08.000 Life - Other |
| Product Name: | Group Conversion App | | |
| Project Name/Number: | / | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 06/11/2012 | 06/11/2012 |

| | | | |
|---------------------------------|---|-------------------------------|-----------------------------|
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| <i>Filing Company:</i> | <i>Federated Life Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>G-1006 ED. 5-12</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>Group Conversion App</i> | | |
| <i>Project Name/Number:</i> | <i>/</i> | | |

Disposition

Disposition Date: 06/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|----------------------------------|------------------------|----------------------|
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| Product Name: | Group Conversion App | | |
| Project Name/Number: | / | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Form | Application for Conversion of Group Life Insurance | | Yes |

| | | | |
|--------------------------|----------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | FEMC-128434658 | State: | Arkansas |
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| Product Name: | Group Conversion App | | |
| Project Name/Number: | / | | |

Form Schedule

Lead Form Number: G-1006

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-----------------|----------------------------------|--|---------|----------------------|-------------|--------------------|
| | G-1006 Ed. 5-12 | Ed. Application/ Enrollment Form | Application for Conversion of Group Life Insurance | Initial | | 50.300 | G-1006 (05-12).pdf |

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Application for Conversion of Group Life Insurance
Federated Life Insurance Company
121 East Park Square, Owatonna, Minnesota

The proposed insured listed below, previously covered under group policy No. _____ effective date _____ (attach Group Life Certificate), as allowed by the group policy, applies to convert that group insurance to a permanent individual policy. This policy will be issued in accordance with the following requests and statements of fact:

1. Amount of life insurance: _____ 2. Effective date of converted policy: _____

3. a. Proposed Insured's full legal name: _____

b. Mailing address: _____
Street/No. City State Zip

c. Date of birth: _____ d. ☐ Male ☐ Female

e. Citizenship: ☐ US/US Permanent Resident ☐ Other _____

f. Social Security No. _____ g. Phone number: _____

4. Date of termination of group insurance: _____ 5. Date of termination of employment: _____

6. Reason for termination of group coverage? _____

7. Have you ever flown or do you contemplate flying in any aircraft EXCEPT as a paying passenger?

☐ No ☐ Yes Date of last such flight? _____

8. a. Is any change in residence contemplated? ☐ No ☐ Yes

b. If yes, give details: _____

9. a. Beneficiary's full legal name: _____

b. Relationship to insured: _____

c. Beneficiary's Citizenship: ☐ US/US Permanent Resident ☐ Other _____

Agreements: Information in this application is given to obtain this insurance and is true and complete to the best of my knowledge and belief. Any policy issued will not take effect unless the first premium is actually paid to the company during my lifetime upon or before delivery of the policy.

Dated at _____ this _____ day of _____

(Witness to signature of insured) Signature of Insured _____

Application for conversion plus remittance of the first premium must be given to Federated Life Insurance Company within 31 days from the date of termination of the proposed insured's group life insurance. **Please make check payable to Federated Life Insurance Company.**



| | | | |
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| Project Name/Number: | / | | |

Supporting Document Schedules

| | | |
|--------------------------|----------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Satisfied - Item: | Flesch Certification | |
| Comments: | | |
| Attachments: | | |
| AR cert for rule 19.pdf | | |
| AR Readability.pdf | | |

| | | |
|-------------------------|----------------------------------|---------------|
| | Item Status: | Status |
| | | Date: |
| Bypassed - Item: | Application | |
| Bypass Reason: | Form submitted is an application | |
| Comments: | | |

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

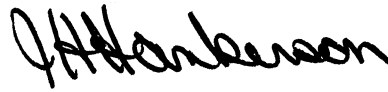
June 6, 2012

CERTIFICATE OF COMPLIANCE

Arkansas

G-1006 Ed. 5-12 Application for Conversion of Group Life Insurance

This submission meets the provisions of Rule and Regulation 19, as well as all applicable requirements of the Arkansas Insurance Department.

A handwritten signature in black ink, appearing to read "J. Hankerson", written in a cursive style.

Jeanne H. Hankerson
First Vice President

FEDERATED LIFE INSURANCE COMPANY

Owatonna, Minnesota

June 6, 2012

CERTIFICATE OF COMPLIANCE

Arkansas


Flesch Score

G-1006 Ed. 5-12

50.3

This is to certify that the attached Individual Life Forms No. (listed above) have achieved a Flesch Reading Ease Score of (shown above) and comply with the requirements of Arkansas Stat. Ann. § 66-3251, cited as the Life and Disability Insurance Policy Language Simplification Act.

The guidelines of Bulletin 11-83 have been reviewed and this submission is in compliance with these guidelines.



Jeanne H. Hankerson

First Vice President